

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **767322** (1)
1. Corporation Name
BEAR CREEK ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business C/O ENERGY PROPERTY MANAGEMENT P.O. BOX 950455 LAKE MARY FL 32795-0455	Mailing Address C/O ENERGY PROPERTY MANAGEMENT P.O. BOX 950455 LAKE MARY FL 32795-0455
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3. Date Incorporated or Qualified
03/07/1983

4. FEI Number 59-2348047	Applied For Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ENERGY PROPERTY MANAGEMENT SERVICES INC
165 WEST STATE ROAD 434
WINTER SPRINGS FL 32708**

81 Name	
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	☐ DELETE
NAME	GRANWOOD, ROGER	
STREET ADDRESS	737 BEAR CREEK CIR	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	D	☐ DELETE
NAME	SIMMONS, MARK	
STREET ADDRESS	744 BEAR CREEK CIR	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	P	☐ DELETE
NAME	SUIKA, WALTER	
STREET ADDRESS	748 BEAR CREEK CIR	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	VP	☒ DELETE
NAME	WEEKS, JEANNE	
STREET ADDRESS	739 BEAR CREEK CIR.	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	SD	☐ DELETE
NAME	MCWHERTOR, PEG	
STREET ADDRESS	731 BEAR CREEK CIR	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	VPD	☒ Change ☐ Addition
1.2 NAME	Greenwood, Roger	
1.3 STREET ADDRESS	737 Bear Creek Cir.	
1.4 CITY-ST-ZIP	Winter Springs, FL	
2.1 TITLE	VP	☒ Change ☐ Addition
2.2 NAME	Simmons, Mark	
2.3 STREET ADDRESS	744 Bear Creek Cir.	
2.4 CITY-ST-ZIP	Winter Springs, FL	
3.1 TITLE	P	☐ Change ☐ Addition
3.2 NAME	Suika, Walter	
3.3 STREET ADDRESS	749 Bear Creek Cir.	
3.4 CITY-ST-ZIP	Winter Springs, FL	
4.1 TITLE	D	☐ Change ☒ Addition
4.2 NAME	Wilkinson, Jean	
4.3 STREET ADDRESS	743 Bear Creek Circle	
4.4 CITY-ST-ZIP	Winter Springs, FL	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Walter Suika** 3/2/98 407-3275824

CP2E037 (10/97)